

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

**10/551122**

Serial No. **10/551122**  
Filing Date  
Applicant(s)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7	/		/				57						
8							58						
9							59						
10							60						
11							61						
12							62						
13	/		/				63						
14							64						
15							65						
16							66						
17	/		/				67						
18							68						
19	/		/				69						
20							70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	25						TOTAL CLAIMS						